Approved for use through 10/31/2002. OMB 0651-0032
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PATENT APPLICATION **TRANSMITTAL**

005405.00004 Attorney Docket No First Inventor Kawasumi CURRENT MIRROR CIRCUIT AND CURRENT SOURCE CIRCUIT Title

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Express Mail Label No.

	APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application					
See MPEP cl	hapter 600 concerning utility patent application c	ontents.	ADDRESS TO: Box Patent Application Washington, DC 20231					
2. A S S (p - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	ee Transmittal Form (e.g., PTO/SB/17) submit an original and a duplicate for fee processing) pplicant claims small entity status. ee 37 CFR 1.27. pecification [Total Pages ineferred arrangement set forth below) Descriptive title of the Invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Summary of the Drawings (If filed)	23]	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. Assignment Papers (cover sheet & document(s))					
- I - (- / 4.	Detailed Description Claim(s) Abstract of the Disclosure rawing(s) (35 U.S.C.113) [Total Sheets	3 (d)) completed)	10.					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☑ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09 / 449.382 Prior application information:								
	17. C		NDENCE ADDRESS					
□ Customer Number or Bar Code Label 22907 or □ Correspondence address below (Insert Customer No. or Attach bar code label here)								
Name								
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Name (Pri	MODILI		Registration No. (Attorney/Agent) 28,175					
Signature	· CALLOWER	Ell	Date January 23,2002 Delete. Time will vary depending upon the needs of the individual case. Any					

comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

1244

TOTAL AMOUNT OF PAYMENT

Application Number	Divisional of 09/449,382		
Filing Date	Herewith		
First Named Inventor	Kawasumi		
Examiner Name	J. Kim		
Group / Art Unit	2816		
Attornev Docket No.	005405.00004		

METHOD OF PAYMENT (check all that apply)										FEE CALCULATION (continued)			
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☑ Depo	osit Acco	unt:						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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Acco Num		19-0	733					127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Depo	neit							139	130	139	130	Non-English specification	
Acco		Bann	ner & Wito	off, Ltd.				147	2,520	147	2,520	For filing a request for reexamination	
Name						112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
The Commissioner is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fo(s) during the people of the people in the people of the people in the people of the people in the people of							S	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							plication	115	110	215	55	Extension for reply within first month	
								116	400	216	200	Extension for reply within second month	
			FEE C	ALCULATION				117	920	217	460	Extension for reply within third month	
1. E Large	ASIC FI Entity		EE Entity					118	1,440	218	720	Extension for reply within fourth month	
Fee	Fee	Fee	Fee	Fee Description	on			128	1,960	228	980	Extension for reply within fifth month	\square
Code		Code	(\$)			Fee	e Paid	119	320	219	160	Notice of Appeal	
101		201	370	Utility filing fee		740	0	120	320	220	160	Filing a brief in support of an appeal	
106		206	165	Design filing fe	e			121	280	221	140	Request for oral hearing	
107 108		207 208	255 370	Plant filing fee Reissue filing f	ee			138	1,510	138	1,510	Petition to institute a public use proceeding	
114	160	214	80	Provisional filli	ng fee			140	110	240	55	Petition to revive – unavoidable	
								141	1,280	241	640	Petition to revive - unintentional	
		S	UBTOTA	L (1)		(\$)	740	142	1,280	242	640	Utility issue fee (or reissue)	
2. EXTR	A CLAII	M FEES					····	143	460	243	230	Design issue fee	
				Extra	Fee from		Fee	144	620	244	310	Plant issue fee	
				Claims	below		Paid	122	130	122	130	Petitions to the Commissioner	
Fotal Claim		20	0 ** =	x	<u></u>] = [0	123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
ndependen Claims	9	-3	·* =	6 X	84	=	504	126	180	126	180	Submission of Information Disclosure Stmt	
Multiple Dependent				X] = [0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
Large	Entity		Enti	•				146	740	246	370	Filing a submission after final rejection	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descri	ption			1				(37 ČFR § 1.129(a))	
103	18	203	9	Claims in ex	cess of 20			149	740	249	370	For each additional invention to be	
102	84	202	42	Independent claims in excess of 3							examined (37 CFR § 1.129(b))		
104	280	204	140	Multiple dep	endent clai	im, if r	not paid	179	740	279	370	Request for Continued Examination (RCE)	
109	84	209	42	** Reissue independent claims over original patent			169	900	169	900	Request for expedited examination of a design application		
110	18	210	9	** Reissue o over origina		cess	of 20 and						
			s	SUBTOTAL (2)	(\$) 504			Other f	ee (specif	y)	-		
**or nur	nber pre	viously į	paid, if g	reater; For Re	issues, see	e abo	ve	*Redu	ced by Ba	asic Filin	g Fee Pa	aid SUBTOTAL (3) (\$) 0	

SUBMITTED BY	Complete (if applicable)								
Name (Print/Type)	Joseph M. Potenza	Registration No. Attorney/Agent)	28,175	Telephone	202-508-9100				
Signature	albank	rhi'		Date	1/23/02				

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